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THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTORS:

Eric A. NELSON, et al.

SERIAL NO:

09/884,730

FILING DATE:

June 19, 2001

TITLE:

AIRCRAFT DATA SERVICES

ART UNIT:

2143

EXAMINER:

Thomas J. MAURO, Jr.

MAIL STOP AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

SIR:

In response to the Office Action mailed November 15, 2004 in the aboveidentified application, the Applicant respectfully submits the following.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 14 of this paper.

04/07/2005 DEVANS

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PATENT	APPLICATION	FEE DETERMINATION	RECORD
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Effective October 1, 2000

Application or Docket Number

04884730

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPEO		OR	OTHER THAN			
TOTAL CLAIMS		24				Г	RATE	FEE]	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2-4 minus 20=		. 4			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS			10 minus 3 =		• 7			X40=			X80=	560
MULTIPLE DEPENDENT CLAIM PRESENT										OR		7,00
* If the difference in column 1 is less than zero, enter "0" in column 2							L	+135=	<u> </u>	OR	+270=	
·								TOTAL	L	OR	TOTAL	1342
2/15/65 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	. 24	Minus	2	4	=		25 X\$ X 9=		OR	50 X\$ ¥8 =	
ME	Independent	· /2	Minus)	- 2		XX6=		OR	7.00 X 36 €=	400
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		!	180 +185=			360 +270=	
							L	TOTAL		OR	TOTAL	4000
		(Column 1)		(Colur	mn 2)	(Column 3)	Α	DDIT. FEE		OR	ADDIT. FEE	$+\omega_{f}$
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	Ш	X\$ 9=		OR	X\$18=	
	Independent	*	Minus /	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		!	+135=		OR	+270=	
							L	TOTAL		[TOTAL	-
		(Column 1)		(Colum	nn 2)	(Column 3)	Ai	DDIT. FEE	<u>-</u> J	J. ()	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	lΓ	X\$ 9=		OR	X\$18=	
	Independent		Minus	***		= 7		X40=		ı	X80=	
	HIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		۱ 			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Unique to Number Resident No. 10 Feb. IN TUIS SPACE is less than 20 calcums 3.												
***	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											